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COLE, RAYWID & BRAVERMAN, L.L.P.

JUL 12 1999

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BURT A. BRAVERMAN
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WESLEY R. HEPPLER
PAUL GLIST
DAVID M. SILVERMAN
JAMES F. IRELAND, III
STEVEN J. HORVITZ
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MARK S. KRISTIANSEN
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HEATHER M. WILSON
DAVID N. TOBENKIN*

ATTORNEYS AT LAW

SECOND FLOOR

1919 PENNSYLVANIA AVENUE, N.W.

WASHINGTON, D.C. 20006-3458

(202) 659-9750

July 7, 1999

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

OF COUNSEL
FRANCES J. CHETWYND
ELLEN S. DEUTSCH

FACSIMILE
(202) 452-0067

INTERNET
WWW.CRBLAW.COM

FCC/MELLON

JUL 07 1999

*ADMITTED IN OKLAHOMA ONLY
*ADMITTED IN CALIFORNIA ONLY

BY HAND DELIVERY

Federal Communications Commission
Transfer of Control
P. O. Box 358130
Pittsburgh, PA 15251-5130

Re: **Transfer to AT&T Corp. of MediaOne's Interest in FCC Licenses
Business Radio Service**

Ladies and Gentlemen:

Enclosed please find FCC Form 703 requesting authority for the transfer from MediaOne to AT&T Corp. of MediaOne's interest in MediaOne of Southern New England, Inc., the licensee of the referenced facilities on the attached list. We are also enclosing FCC Form 159 and a check in the amount of \$180.00 to cover the required filing fee.

Should you have any questions regarding this matter, please contact the undersigned.

Sincerely,



Wesley R. Heppler

Enclosure

EXHIBIT

ENTITY NAME	CALL SIGN	LOCATION	STATE
MediaOne of Southern New England, Inc.	KB3042	Lowell	MA
MediaOne of Southern New England, Inc.	KNGX379	Fall River	MA
MediaOne of Southern New England, Inc.	KNM950	Lowell	MA
MediaOne of Southern New England, Inc.	WXA244	Fall River	MA

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING		FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE PAGE NO. <u>1</u> OF <u>1</u>		APPROVED BY OMB 3060-0589 <div style="border: 1px solid black; padding: 2px;">SPECIAL USE</div> <div style="border: 1px solid black; padding: 2px;">FCC USE ONLY</div>		
(1) LOCKBOX #						
SECTION A - PAYER INFORMATION						
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) Cole, Raywid & Braverman, L.L.P.				(3) TOTAL AMOUNT PAID (dollars and cents) \$ 180.00		
(4) STREET ADDRESS LINE NO. 1 1919 Pennsylvania Avenue, N.W.						
(5) STREET ADDRESS LINE NO. 2 Suite 200						
(6) CITY Washington			(7) STATE DC		(8) ZIP CODE 20006	
(9) DAYTIME TELEPHONE NUMBER (include area code) 202-659-9750			(10) COUNTRY CODE (if not in U.S.A.)			
IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)						
SECTION B - APPLICANT INFORMATION						
(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card) AT&T Corp.						
(12) STREET ADDRESS LINE NO. 1 32 Avenue of the Americas						
(13) STREET ADDRESS LINE NO. 2						
(14) CITY New York			(15) STATE NY		(16) ZIP CODE 10013	
(17) DAYTIME TELEPHONE NUMBER (include area code)			(18) COUNTRY CODE (if not in U.S.A.)			
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)						
SECTION C - PAYMENT INFORMATION						
(19A) FCC CALL SIGN/OTHER ID KB3042		(20A) PAYMENT TYPE CODE (PTC) <div style="display: flex; justify-content: space-around;"> PATM </div>		(21A) QUANTITY 1	(22A) FEE DUE FOR (PTC) IN BLOCK 20A \$ 45.00	FCC USE ONLY
(23A) FCC CODE 1			(24A) FCC CODE 2			
(19B) FCC CALL SIGN/OTHER ID KNGX379		(20B) PAYMENT TYPE CODE (PTC) <div style="display: flex; justify-content: space-around;"> PATM </div>		(21B) QUANTITY 1	(22B) FEE DUE FOR (PTC) IN BLOCK 20B \$ 45.00	FCC USE ONLY
(23B) FCC CODE 1			(24B) FCC CODE 2			
(19C) FCC CALL SIGN/OTHER ID KNM950		(20C) PAYMENT TYPE CODE (PTC) <div style="display: flex; justify-content: space-around;"> PATM </div>		(21C) QUANTITY 1	(22C) FEE DUE FOR (PTC) IN BLOCK 20C \$ 45.00	FCC USE ONLY
(23C) FCC CODE 1			(24C) FCC CODE 2			
(19D) FCC CALL SIGN/OTHER ID WXA244		(20D) PAYMENT TYPE CODE (PTC) <div style="display: flex; justify-content: space-around;"> PATM </div>		(21D) QUANTITY 1	(22D) FEE DUE FOR (PTC) IN BLOCK 20D \$ 45.00	FCC USE ONLY
(23D) FCC CODE 1			(24D) FCC CODE 2			
SECTION D - TAXPAYER INFORMATION (REQUIRED)						
(25) PAYER TIN 0520820071				(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2 APPLICANT TIN 0134924710		
SECTION E - CERTIFICATION						
(27) CERTIFICATION STATEMENT I, Westley Kay Hedgepeth , Certify under penalty of perjury that the foregoing and supporting information (PRINT NAME) are true and correct to the best of my knowledge, information and belief. SIGNATURE <i>Westley Kay Hedgepeth</i>						
SECTION F - CREDIT CARD PAYMENT INFORMATION						
(28) MASTERCARD/VISA ACCOUNT NUMBER:						
<input type="checkbox"/> MASTERCARD		<input type="checkbox"/> VISA		EXPIRATION DATE:		
I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization(s) herein described.		AUTHORIZED SIGNATURE		DATE		

COLE, RAYWID & BRAVERMAN, L.L.P.
VENDOR

CHECK NO. 58708

OUR REF. NO.	YOUR INV. NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
21488	06049917	06/04/99	FILING FEE/1203.22 180.00	180.00 Check total	.00 180.00

COLE, RAYWID & BRAVERMAN, L.L.P.
1919 PENNSYLVANIA AVENUE N.W.
WASHINGTON, DC 20006-3458

NATIONSBANK, N.A.
15-120-540

58708

CHECK NO. CHECK DATE VENDOR NO.
058708 06/04/99 FCC

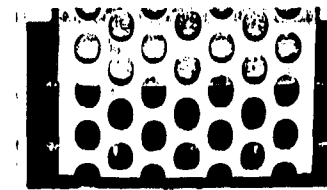
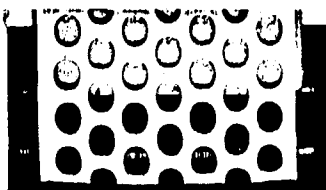
PAY
ONE HUNDRED EIGHTY AND 00/100 DOLLARS*****

CHECK AMOUNT
\$*****180.00

TO THE
ORDER
OF
FEDERAL COMMUNICATIONS
COMMISSION

Signature

⑈058708⑈ ⑆054001204⑆ 002086050069⑈

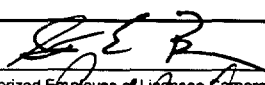
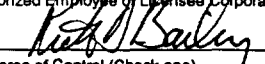


Security features included. Details on back.

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

FOR
FCC
USE
ONLY

PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE
(This application must be filed before Transfer of Control takes place)

1. (a) Name of corporate licensee MediaOne of Southern New England, Inc.			
(b) Number and street address Attn: Christine Page 188 Inverness Drive West, 6th Floor			
(c) City Englewood	(d) State CO	(e) ZIP Code 80112	
2. Internet address:		3. Taxpayer Identification Number 04-2481294	
4. Call sign and radio service of each station KB3042 (IB) WXA244 (IB) KNGX379 (IB) KNM950 (IB)			
5. (a) Fee Type Code PATM	(b) Fee Multiple 0004	(c) Fee Due \$ 180.00	FOR FCC USE ONLY
6. Name(s) and Address(es) of Transferee AT&T Corp. 32 Avenue of the Americas 1120 20th St., NW New York, NY 10013 Washington, DC 20036			
7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.			YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>
8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.			<input type="checkbox"/> <input checked="" type="checkbox"/>
9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:			
(a) Will any officer or director of such corporation be an alien? If "YES", see Instruction 6.			YES NO <input type="checkbox"/> <input type="checkbox"/>
(b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see Instruction 6.			<input type="checkbox"/> <input type="checkbox"/>
(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer Items (d) through (h) below.			<input type="checkbox"/> <input type="checkbox"/>
(d) What is the name and address of the corporation in immediate control?			
(e) Under the laws of what State or Country is the controlling corporation organized?			
(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3.			YES NO <input type="checkbox"/> <input type="checkbox"/>
(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.			<input type="checkbox"/> <input type="checkbox"/>
(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in Items (d) through (h).			<input type="checkbox"/> <input type="checkbox"/>
CERTIFICATION ● Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise; ● Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons; ● Neither applicant nor any member thereof is a foreign government or representative thereof; ● Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith; ● Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).			
SIGNATURE <input checked="" type="checkbox"/>  Authorized Employee of Licensee Corporation		DATE 6/28/99	
SIGNATURE  Transferee of Control (Check one)		DATE 7/1/99	
<input type="checkbox"/> Individual		<input type="checkbox"/> Partner	
<input checked="" type="checkbox"/> Officer		<input type="checkbox"/> Other (Specify):	

DETAILS / ADDITIONAL INFORMATION:

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION

1. Name and mailing address of corporate licensee

MediaOne of Southern New England, Inc.
Attn: Christine Page
188 Inverness Drive West, 6th Floor
Englewood, CO 80112

2. Call sign and radio service of each station

KB3042 (IB)
KNGX379 (IB)
KNM950 (IB)
WXA244 (IB)

DO NOT WRITE IN THIS BLOCK

CONDITIONS OF GRANT

The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.

This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.

DATE AUTHORIZED:

**FEDERAL
COMMUNICATIONS
COMMISSION**

**THIS AUTHORIZATION TO BE FILED WITH
CORPORATION'S RADIO STATION RECORDS**

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COLE, RAYWID & BRAVERMAN, L.L.P.

ATTORNEYS AT LAW

SECOND FLOOR

1919 PENNSYLVANIA AVENUE, N.W.

WASHINGTON, D.C. 20006-3458

(202) 659-9750

July 7, 1999

JUL 12 1999

ALAN RAYWID
FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY
OF COUNSEL
FRANCES J. CHETWYND
ELLEN S. DEUTSCH

FACSIMILE
(202) 452-0067

INTERNET
WWW.CRBLAW.COM

FCC/MELLON

JUL 07 1999

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BURT A. BRAVERMAN
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MARIA T. BROWNE
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HEATHER M. WILSON
DAVID N. TOBENKIN*

*ADMITTED IN OKLAHOMA ONLY
*ADMITTED IN CALIFORNIA ONLY

BY HAND DELIVERY

Federal Communications Commission
Transfer of Control
P. O. Box 358130
Pittsburgh, PA 15251-5130

**Re: Transfer to AT&T Corp. of MediaOne's Interest in FCC Licenses
Business Radio Service**

Ladies and Gentlemen:

Enclosed please find FCC Form 703 requesting authority for the transfer from MediaOne to AT&T Corp. of MediaOne's interest in MediaOne of Western New England, Inc., the licensee of the referenced facilities on the attached list. We are also enclosing FCC Form 159 and a check in the amount of \$405.00 to cover the required filing fee.

Should you have any questions regarding this matter, please contact the undersigned.

Sincerely,



Wesley R. Heppler

Enclosure

EXHIBIT

ENTITY NAME	CALL SIGN	LOCATION	STATE
MediaOne of Western New England, Inc.	KA73187	Northhampton	MA
MediaOne of Western New England, Inc.	KNFG705	Springfield	MA
MediaOne of Western New England, Inc.	KNFJ870	W. Springfield	MA
MediaOne of Western New England, Inc.	KWG883	W. Springfield	MA
MediaOne of Western New England, Inc.	WNPQ916	Springfield	MA
MediaOne of Western New England, Inc.	WQD978	Deerfield	MA
MediaOne of Western New England, Inc.	WQD980	Northhampton	MA
MediaOne of Western New England, Inc.	KNNH691	Hampden	MA
MediaOne of Western New England, Inc.	KNIE999	Stafford Springs	CT

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

APPROVED BY OMB 3060-0589

SPECIAL USE

FCC USE ONLY

PAGE NO. 1 OF 3

(1) LOCKBOX #

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

Cole, Raywid & Braverman, L.L.P.

(3) TOTAL AMOUNT PAID (dollars and cents)

\$ 405.00

(4) STREET ADDRESS LINE NO. 1

1919 Pennsylvania Avenue, N.W.

(5) STREET ADDRESS LINE NO. 2

Suite 200

(6) CITY

Washington

(7) STATE

DC

(8) ZIP CODE

20006

(9) DAYTIME TELEPHONE NUMBER (include area code)

202-659-9750

(10) COUNTRY CODE (if not in U.S.A.)

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

AT&T Corp.

(12) STREET ADDRESS LINE NO. 1

32 Avenue of the Americas

(13) STREET ADDRESS LINE NO. 2

(14) CITY

New York

(15) STATE

NY

(16) ZIP CODE

10013

(17) DAYTIME TELEPHONE NUMBER (include area code)

(18) COUNTRY CODE (if not in U.S.A.)

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

KA73187

(20A) PAYMENT TYPE CODE (PTC)

P A T M

(21A) QUANTITY

1

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

\$ 45.00

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

KNFG705

(20B) PAYMENT TYPE CODE (PTC)

P A T M

(21B) QUANTITY

1

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

\$ 45.00

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

KNFJ870

(20C) PAYMENT TYPE CODE (PTC)

P A T M

(21C) QUANTITY

1

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

\$ 45.00

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

KWG883

(20D) PAYMENT TYPE CODE (PTC)

P A T M

(21D) QUANTITY

1

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

\$ 45.00

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25)

PAYER TIN

0 5 2 0 8 2 0 0 7 1

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2

APPLICANT TIN

0 1 3 4 9 2 4 7 1 0

SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT

I, Westley Kay Hedgepeth

(PRINT NAME)

, Certify under penalty of perjury that the foregoing and supporting information
are true and correct to the best of my knowledge, information and belief. SIGNATURE Westley Kay Hedgepeth

SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION DATE:

MASTERCARD

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD
for the service(s)/authorization(s) herein described.

AUTHORIZED SIGNATURE

DATE

COLE, RAYWID & BRAVERMAN, L.L.P.

VENDOR

FCC

CHECK NO. **58714**
058714

OUR REF. NO.	YOUR INV. NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
21494	06049923	06/04/99	FILING FEE/1203.22 405.00	405.00 Check total	.00 405.00

COLE, RAYWID & BRAVERMAN, L.L.P.

1919 PENNSYLVANIA AVENUE N.W.
WASHINGTON, DC 20006-3458

NATIONSBANK, N.A.
15-120-540

58714

CHECK NO. CHECK DATE VENDOR NO.
058714 06/04/99 FCC

))
PAY
FOUR HUNDRED FIVE AND 00/100 DOLLARS*****

CHECK AMOUNT
\$*****405.00

TO THE
ORDER
OF

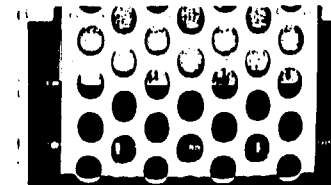
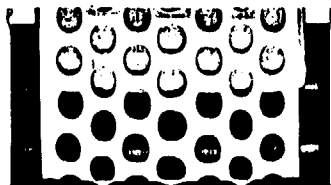
FEDERAL COMMUNICATIONS
COMMISSION

[Handwritten Signature]

⑈058714⑈ ⑆054001204⑆ 002086050069⑈

000007 05

FD Security features included. Details on back.



REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 2 OF 3

USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT

SECTION BB - ADDITIONAL APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

AT&T Corp.

(12) STREET ADDRESS LINE NO. 1

32 Avenue of the Americas

(13) STREET ADDRESS LINE NO. 2

(14) CITY

New York

(15) STATE

NY

(16) ZIP CODE

10013

(17) DAYTIME TELEPHONE NUMBER (include area code)

(18) COUNTRY CODE (if not in U.S.A.)

IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC 159-C CONTINUATION SHEETS TO LIST EACH SERVICE

SECTION CC - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID	(20A) PAYMENT TYPE CODE (PTC)	(21A) QUANTITY	(22A) FEE DUE FOR (PTC) IN BLOCK 20A	FCC USE ONLY
WNPQ916	P A T M	1	\$ 45.00	
(23A) FCC CODE 1		(24A) FCC CODE 2		
(19B) FCC CALL SIGN/OTHER ID	(20B) PAYMENT TYPE CODE (PTC)	(21B) QUANTITY	(22B) FEE DUE FOR (PTC) IN BLOCK 20B	FCC USE ONLY
WQD978	P A T M	1	\$ 45.00	
(23B) FCC CODE 1		(24B) FCC CODE 2		
(19C) FCC CALL SIGN/OTHER ID	(20C) PAYMENT TYPE CODE (PTC)	(21C) QUANTITY	(22C) FEE DUE FOR (PTC) IN BLOCK 20C	FCC USE ONLY
WQD980	P A T M	1	\$ 45.00	
(23C) FCC CODE 1		(24C) FCC CODE 2		
(19D) FCC CALL SIGN/OTHER ID	(20D) PAYMENT TYPE CODE (PTC)	(21D) QUANTITY	(22D) FEE DUE FOR (PTC) IN BLOCK 20D	FCC USE ONLY
KNNH691	P A T M	1	\$ 45.00	
(23D) FCC CODE 1		(24D) FCC CODE 2		

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0

1 3 4 9 2 4 7 1 0

REMITTANCE ADVICE (Continuation Sheet)PAGE NO. 3 OF 3**USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT****SECTION BB - ADDITIONAL APPLICANT INFORMATION**

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

AT&T Corp.

(12) STREET ADDRESS LINE NO. 1

32 Avenue of the Americas

(13) STREET ADDRESS LINE NO. 2

(14) CITY

New York

(15) STATE

NY

(16) ZIP CODE

10013

(17) DAYTIME TELEPHONE NUMBER (include area code)

(18) COUNTRY CODE (if not in U.S.A.)

IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC 159-C CONTINUATION SHEETS TO LIST EACH SERVICE**SECTION CC - PAYMENT INFORMATION**

(19A) FCC CALL SIGN/OTHER ID

KNIE999

(20A) PAYMENT TYPE CODE (PTC)

P A T M

(21A) QUANTITY

1

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

\$ 45.00

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

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1

3

4

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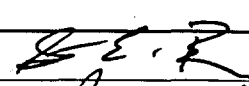
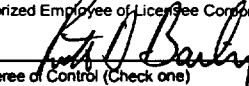
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UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

FOR
FCC
USE
ONLY

PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE
(This application must be filed before Transfer of Control takes place)

1. (a) Name of corporate licensee MediaOne of Western New England, Inc.			
(b) Number and street address Attn: Christine Page 188 Inverness Drive West, 6th Floor			
(c) City Englewood		(d) State CO	(e) ZIP Code 80112
2. Internet address:		3. Taxpayer Identification Number 02-2845001	
4. Call sign and radio service of each station KA73187 (IB) KWG883 (IB) WQD980 (IB) KNFG705 (IB) WNPQ916 (IB) KNNH691 (IB) KNFJ870 (IB) WQD978 (IB) KNIE999 (IB)			
5. (a) Fee Type Code PATM	(b) Fee Multiple 0009	(c) Fee Due \$ 405.00	FOR FCC USE ONLY
6. Name(s) and Address(es) of Transferee AT&T Corp. 32 Avenue of the Americas 1120 20th St., NW New York, NY 10013 Washington, DC 20036			
7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.			YES NO X
8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.			X
9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:			
(a) Will any officer or director of such corporation be an alien? If "YES", see Instruction 6.			YES NO
(b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see Instruction 6.			
(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer Items (d) through (h) below.			
(d) What is the name and address of the corporation in immediate control?			
(e) Under the laws of what State or Country is the controlling corporation organized?			
(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3.			YES NO
(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.			
(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in Items (d) through (h).			
CERTIFICATION ● Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise; ● Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons; ● Neither applicant nor any member thereof is a foreign government or representative thereof; ● Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith; ● Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).			
SIGNATURE X 		DATE X 6/28/99	
Authorized Employee of Licensee Corporation			
SIGNATURE 		DATE 7/1/99	
Transferee of Control (Check one)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partner	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other (Specify):

DETAILS / ADDITIONAL INFORMATION:

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION

1. Name and mailing address of corporate licensee

MediaOne of Western New England, Inc.
Attn: Christine Page
188 Inverness Drive West, 6th Floor
Englewood, CO 80112

2. Call sign and radio service of each station

KA73187 (IB)
KNFG705 (IB)
KNFJ870 (IB)
KWG883 (IB)
WNPQ916 (IB)
WQD978 (IB)
WQD980 (IB)
KNNH691 (IB)
KNIE999 (IB)

**THIS AUTHORIZATION TO BE FILED WITH
CORPORATION'S RADIO STATION RECORDS**

DO NOT WRITE IN THIS BLOCK

CONDITIONS OF GRANT

The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.

This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.

DATE AUTHORIZED:

**FEDERAL
COMMUNICATIONS
COMMISSION**

COLE, RAYWID & BRAVERMAN, L.L.P.

JOHN P. COLE, JR.
BURT A. BRAVERMAN
ROBERT L. JAMES
JOHN D. SEIVER
WESLEY R. HEPPLER
PAUL GLIST
DAVID M. SILVERMAN
JAMES F. IRELAND, III
STEVEN J. HORVITZ
CHRISTOPHER W. SAVAGE
ANN FLOWERS
ROBERT G. SCOTT, JR.
SUSAN WHELAN WESTFALL
THERESA A. ZETERBERG
KARLYN D. STANLEY
JOHN DAVIDSON THOMAS
JOHN C. DODGE
FREDERICK W. GIROUX
GEOFFREY C. COOK
MARIA T. BROWNE
DONNA C. RATTLEY
THOMAS SCOTT THOMPSON
ADAM S. CALDWELL
SANDRA GREINER GIBBS
JAMES W. TOMLINSON
MARK S. KRISTIANSEN
CHRISTIN S. MCMELEY*
HEATHER M. WILSON
DAVID N. TOBENKIN*

*ADMITTED IN OKLAHOMA ONLY
*ADMITTED IN CALIFORNIA ONLY

ATTORNEYS AT LAW
SECOND FLOOR
1919 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20006-3458
(202) 659-9750

July 7, 1999

ALAN RAYWID
(1930-1991)
OF COUNSEL
FRANCES J. CHETWYND
ELLEN S. DEUTSCH
FACSIMILE
(202) 452-0067
INTERNET
WWW.CRBLAW.COM

FCC/MELLON

JUL 07 1999

BY HAND DELIVERY

Federal Communications Commission
Transfer of Control
P. O. Box 358130
Pittsburgh, PA 15251-5130


Re: **Transfer to AT&T Corp. of MediaOne's Interest in FCC Licenses
Business Radio Service**

Ladies and Gentlemen:

Enclosed please find FCC Form 703 requesting authority for the transfer from MediaOne to AT&T Corp. of MediaOne's interest in MediaOne of Virginia, Inc., the licensee of the referenced facilities on the attached list. We are also enclosing FCC Form 159 and a check in the amount of \$180.00 to cover the required filing fee.

Should you have any questions regarding this matter, please contact the undersigned.

Sincerely,



Wesley R. Heppler

Enclosure

EXHIBIT

ENTITY NAME	CALL SIGN	LOCATION	STATE
MediaOne of Virginia, Inc.	WNKW595	Shelburne	MA
MediaOne of Virginia, Inc.	WNVU458	Pelham	MA
MediaOne of Virginia, Inc.	WPIZ747	Pelham	MA
MediaOne of Virginia, Inc.	WXU925	Richmond	VA

COLE, RAYWID & BRAVERMAN, L.L.P.

VENDOR

FCC

CHECK NO. 58695
058695

OUR REF. NO.	YOUR INV. NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
21475	0604994	06/04/99	FILING FEE/1203.22 180.00	180.00 Check total	.00 180.00

COLE, RAYWID & BRAVERMAN, L.L.P.

1919 PENNSYLVANIA AVENUE N.W.
WASHINGTON, DC 20006-3458

NATIONSBANK, N.A.
15-120-540

58695

CHECK NO. CHECK DATE VENDOR NO.
058695 06/04/99 FCC

PAY
ONE HUNDRED EIGHTY AND 00/100 DOLLARS*****

CHECK AMOUNT
\$*****180.00

TO THE
ORDER
OF

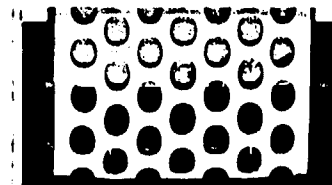
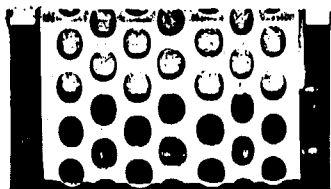
FEDERAL COMMUNICATIONS
COMMISSION

Handwritten signature

⑈058695⑈ ⑆054001204⑆ 002086050069⑈

Security features included. Details on back.

090907-95



UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

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ONLY

PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE
(This application must be filed before Transfer of Control takes place)

1. (a) Name of corporate licensee MediaOne of Virginia, Inc.			
(b) Number and street address Attn: Christine Page 188 Inverness Drive West, 6th Floor			
(c) City Englewood	(d) State CO	(e) ZIP Code 80112	
2. Internet address:		3. Taxpayer Identification Number 54-1053719	
4. Call sign and radio service of each station WNKW595 (IB) WXU925 (IB) WNVU458 (IB) WPIZ747 (IB)			
5. (a) Fee Type Code PATM	(b) Fee Multiple 0004	(c) Fee Due \$ 180.00	FOR FCC USE ONLY
6. Name(s) and Address(es) of Transferee AT&T Corp. 32 Avenue of the Americas 1120 20th St., NW New York, NY 10013 Washington, DC 20036			
7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.			YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>
8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.			<input type="checkbox"/> <input checked="" type="checkbox"/>
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(b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see Instruction 6.			<input type="checkbox"/> <input type="checkbox"/>
(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer Items (d) through (h) below.			<input type="checkbox"/> <input type="checkbox"/>
(d) What is the name and address of the corporation in immediate control?			
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(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3.			YES NO <input type="checkbox"/> <input type="checkbox"/>
(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.			<input type="checkbox"/> <input type="checkbox"/>
(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in Items (d) through (h).			<input type="checkbox"/> <input type="checkbox"/>
CERTIFICATION			
<ul style="list-style-type: none">● Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;● Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;● Neither applicant nor any member thereof is a foreign government or representative thereof;● Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;● Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).			
SIGNATURE <i>X. [Signature]</i>		DATE <i>10/28/99</i>	
Authorized Employee of Licensee Corporation			
SIGNATURE <i>[Signature]</i>		DATE <i>7/1/99</i>	
Transferee of Control (Check one)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partner	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other (Specify):

DETAILS / ADDITIONAL INFORMATION:

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION

1. Name and mailing address of corporate licensee

MediaOne of Virginia, Inc.
Attn: Christine Page
188 Inverness Drive West, 6th Floor
Englewood, CO 80112

2. Call sign and radio service of each station

WNKW595 (IB)
WNVU458 (IB)
WPIZ747 (IB)
WXU925 (IB)

DO NOT WRITE IN THIS BLOCK

CONDITIONS OF GRANT

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DATE AUTHORIZED:

**FEDERAL
COMMUNICATIONS
COMMISSION**

**THIS AUTHORIZATION TO BE FILED WITH
CORPORATION'S RADIO STATION RECORDS**

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

APPROVED BY OMB 3060-0500

SPECIAL USE

FCC USE ONLY

(1) LOCKBOX #

PAGE NO. 1 OF 1

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

Cole, Raywid & Braverman, L.L.P.

(3) TOTAL AMOUNT PAID (dollars and cents)

\$ 180.00

(4) STREET ADDRESS LINE NO. 1

1919 Pennsylvania Avenue, N.W.

(5) STREET ADDRESS LINE NO. 2

Suite 200

(6) CITY

Washington

(7) STATE

DC

(8) ZIP CODE

20006

(9) DAYTIME TELEPHONE NUMBER (include area code)

202-659-9750

(10) COUNTRY CODE (if not in U.S.A.)

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

AT&T Corp.

(12) STREET ADDRESS LINE NO. 1

32 Avenue of the Americas

(13) STREET ADDRESS LINE NO. 2

(14) CITY

New York

(15) STATE

NY

(16) ZIP CODE

10013

(17) DAYTIME TELEPHONE NUMBER (include area code)

(18) COUNTRY CODE (if not in U.S.A.)

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

WKNW595

(20A) PAYMENT TYPE CODE (PTC)

P A T M

(21A) QUANTITY

1

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

\$ 45.00

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

WNVU458

(20B) PAYMENT TYPE CODE (PTC)

P A T M

(21B) QUANTITY

1

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

\$ 45.00

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

WPIZ747

(20C) PAYMENT TYPE CODE (PTC)

P A T M

(21C) QUANTITY

1

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

\$ 45.00

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

WXU925

(20D) PAYMENT TYPE CODE (PTC)

P A T M

(21D) QUANTITY

1

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

\$ 45.00

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25)

PAYER TIN

0 5 2 0 8 2 0 0 7 1

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2

APPLICANT TIN

0 1 3 4 9 2 4 7 1 0

SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT

I, Westley Kay Hedgepeth

(PRINT NAME)

, Certify under penalty of perjury that the foregoing and supporting information
are true and correct to the best of my knowledge, information and belief. SIGNATURE *Westley Kay Hedgepeth*

SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION DATE:

MASTERCARD

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD
for the service(s)/authorization(s) herein described.

AUTHORIZED SIGNATURE

DATE